

BEEF

Kansas 4-H Animal Care and Management Disclosure Statement (Drug Affidavit)

| County | Premise ID # (optional) | | | |
|---|---|--|--|--|
| Last Name | | | | |
| animals will enter the food chain and become every exhibit animal to all state and federal r | that I have an obligation to be a responsible producer and that all e edible food products for the consuming public. This subjects regulations involving proper drug usage and all Food & Drug tion Service, Food Safety Inspection Service, and Environmental | | | |
| the local county 4-H & FFA fair, or the that these exhibit animals (identified on | ve read, understand and will abide by all rules and regulations of 4-H division of the Kansas State Fair. We agree to the condition this form) may be screened for violative residues and foreign y, exhibitor agrees to a background check for any past ows. | | | |
| We have completed the Treatment Reco feed medication, pesticide or other subs products may require additional time to | ords information on the back of this form for any injectable, water, or stance that has been administered to exhibit animals. Use of these meet legal withdrawal limits before harvest. | | | |
| legal drug, vaccine or other substance, a | e completed any withdrawal time relative to the administration of any and are in compliance with applicable FDA and USDA regulations ng drug residues and withdrawal periods. | | | |
| ➤ We certify that these exhibit animals had indications or, if applicable, the require | when we not received drugs that are not in compliance with label sments of the regulations codifying the Animal Medicinal Drug Use deral Food, Drug, and Cosmetic act (under the direction of a valid | | | |
| If violations are detected, appropriate st can be expected. Also exhibitors will be Effective 4/1/01 due to concerns of BSE described herein are adulterated within the cattle or sheep have been fed any fe and bone meal from ruminants, not in c | tate and federal authorities will be notified, and regulatory action e subjected to penalties as determined by show management. E. We certify that, to the best of our knowledge, none of the livestock the meaning of the Federal Food, Drug and Cosmetic Act (none of sed containing protein derived from mammalian tissues, such as meat compliance with 21 CFR 589.2000). We have purchase invoices and protein products. Copies of these records are to be made available | | | |
| to FDA upon request. Effective 9/30/08: COOL (Country of Call animals listed were born and raised in the country of Call animals listed were born and raised in the call and the call animals listed were born and raised in the call animals listed were born and raised in the call animals listed were born and raised in the call animals listed were born and the call and the call and the call animals listed were born and | Origin Labeling) Compliance. By signing below, I/we hereby certify that in the United States; we have followed all COOL compliance guidelines, cords to provide as proof of country of origin. | | | |
| | he listed animals have not received any form of zilpaterol hydrochloride | | | |
| We further certify the information prov | rided is correct and accurate, and that we have read and understand on by any person or entity accepting my (our) animal(s) for | | | |
| Owner's/Exhibitor's Signature | Parent or Guardian's Signature | | | |

Market Beef County ear tag number (s) OR Breeding Beef Tattoo numbers

Individual or Pen Animal Treatment Records

| Animal ID or Pen Location | Treatment Date | Product Name | Amount of Drug Given (cc, water or feed concentration) | Route (feed, water injectable by IM or SQ, topical) | Remarks/ Initials or Who Administered | Withdrawal Time Needed Before Harvest | Date Withdrawal Completed |
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*Credit and appreciation is expressed to Iowa State University Extension and Outreach for use of this form.

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